



	Community Assoc	ciation Program Quote Fo	orm for D&O Liabi	lity Coverage			
		("Claims Made	•		Yes	No	
	Have there been any D&O claims made against the Association in the last 5 years? (If yes, please complete a Great American Non-Profit Organization Proposal Form (D9210 6/97)).						
	Is this the first time the Association has purchased D&O Insurance?						
	Has the Association's current D&O policy been cancelled or non-renewed by the carrier? f yes, please explain.						
	(If yes, please complete a I	Does the Association anticipate any major building/renovations in the next year? If yes, please complete a D&O Major Renovations Supplemental Questionnaire)					
	Does the Developer con						
	Association Name:						
	(Must be completed) Street Address:	City/State/Zip:					
-	Property Manager Nan	ne:					
	(If applicable, must be complet Mailing Address:	ed)	City/State/Zip:				
-	Expiring Carrier:	Limit:	Retention:	Premium	1:		
-	Requested Limit:	Requested Ret	ention:	Effective Date:			
	Association Type:						
	% of Units/Lots Sold:	# of Units/Lots:	# of Owners in D	ues Arrears over 90) days: _		
	(< 100% may require addition Average Unit/Lot Valu	nal info) (>1000 may require additiona	al info) (>90 days r #	nay require additional info of Employees:	o)		
	(< 100% may require addition Average Unit/Lot Valu (If >\$1,000,000 please comple	nal info) (>1000 may require additiona JC: Jete a High Unit Value Supplemental Que:	al info) (>90 days r # stionnaire) (0-	nay require additional info of Employees: 9 employees are eligible)	o)		
	(< 100% may require additior Average Unit/Lot Valu (If >\$1,000,000 please comple # of Builder/Developer C	nal info) (>1000 may require additiona	al info) (>90 days r # stionnaire) (0- (>1 may require additi	nay require additional info of Employees: 9 employees are eligible) 1 onal info)	o)		
	(< 100% may require additior Average Unit/Lot Valu (If >\$1,000,000 please comple # of Builder/Developer C	nal info) (>1000 may require additiona UE: ete a High Unit Value Supplemental Que Controlled Board Seats: Information is required of coopera	al info) (>90 days r # stionnaire) (0- (>1 may require additi atives, commercial conc	nay require additional info of Employees: 9 employees are eligible) 1 onal info)	b) hares.		
	(< 100% may require addition Average Unit/Lot Valu (If >\$1,000,000 please completed (If >\$1,000,000 please completed (If >\$1,000,000 please completed) (If >\$1,000,000 please completed) (If a plea	nal info) (>1000 may require additiona ue: ete a High Unit Value Supplemental Que Controlled Board Seats: information is required of coopera	al info) (>90 days r # stionnaire) (0- (>1 may require additi atives, commercial cond Annua	nay require additional info of Employees: 9 employees are eligible) onal info) dominiums and times I Salary Expense:	b) hares.		
	(< 100% may require addition Average Unit/Lot Valu (If >\$1,000,000 please comple # of Builder/Developer C The following i Total Assets	nal info) (>1000 may require additiona ue: ete a High Unit Value Supplemental Que Controlled Board Seats: information is required of coopera	al info) (>90 days r # stionnaire) (0- (>1 may require additi atives, commercial cond Annua	nay require additional info of Employees: 9 employees are eligible) onal info) dominiums and times I Salary Expense:	b) hares.		
	(< 100% may require addition Average Unit/Lot Valu (If >\$1,000,000 please comple # of Builder/Developer (The following i Total Assets Agent or Broker Name	nal info) (>1000 may require additiona ue: ete a High Unit Value Supplemental Que Controlled Board Seats: information is required of coopera	al info) (>90 days r # stionnaire) (0- (>1 may require additi atives, commercial conc Annua	nay require additional info of Employees: 9 employees are eligible) onal info) dominiums and times I Salary Expense:	b) hares.		
	(< 100% may require addition Average Unit/Lot Value (If >\$1,000,000 please complete # of Builder/Developer Complete The following i Total Assets Agent or Broker Name Street Address: Phone: KNOWN PRIOR CLAIME UPON, ARISING OUT OF ANY WAY INVOLVING AND COVERAGE DATE WHICH	nal info) (>1000 may require additiona ue: ete a High Unit Value Supplemental Que Controlled Board Seats: information is required of coopera	al info) (>90 days r # stionnaire) (0- (>1 may require additi atives, commercial conc Annua City/State/Zip: Fax: ED THAT THIS POLICY DC DIRECTLY RESULTING FR UMSTANCES KNOWN BY ITY OF SUCH CLAIM BEIT	nay require additional info of Employees: 9 employees are eligible) onal info) dominiums and times I Salary Expense: DES NOT APPLY TO AN OM OR IN CONSEQUE THE INSURED PRIOR	hares.	BASED OR IN NITIAL	
	(< 100% may require addition Average Unit/Lot Valu (If >\$1,000,000 please completed # of Builder/Developer C The following i Total Assets Agent or Broker Name Street Address: Phone: KNOWN PRIOR CLAIMS UPON, ARISING OUT OF ANY WAY INVOLVING AN COVERAGE DATE WHICH THE POLICY THROUGH YO FRAUD WARNING: AN OTHER PERSON FILES TH THE PURPOSE OF MISLEA	nal info) (>1000 may require additional Je: ete a High Unit Value Supplemental Quee Controlled Board Seats: information is required of coopera : S: IT IS UNDERSTOOD AND AGREE , RELATING TO, DIRECTLY OR INE NY WRONGFUL ACT OR ANY CIRCL I WOULD INDICATE THE PROBABIL	al info) (>90 days r # stionnaire) (0- (>1 may require additi atives, commercial conc Annua City/State/Zip: Fax: ED THAT THIS POLICY DC DIRECTLY RESULTING FR JMSTANCES KNOWN BY ITY OF SUCH CLAIM BEIN JULY. WITH INTENT TO DEFRAI ANY MATERIALLY FALSE	nay require additional info of Employees:9 employees are eligible) onal info) dominiums and times I Salary Expense: OES NOT APPLY TO AN OM OR IN CONSEQUE THE INSURED PRIOR NG MADE. PLEASE OB UD AN INSURANCE CO INFORMATION, OR CO HERETO, COMMITS A F	hares.	BASED OR IN NITIAL DPY OF R FOR	
This	(< 100% may require addition Average Unit/Lot Valu (If >\$1,000,000 please completed # of Builder/Developer (The following i Total Assets Agent or Broker Name Street Address: Phone: KNOWN PRIOR CLAIMS UPON, ARISING OUT OF ANY WAY INVOLVING AN COVERAGE DATE WHICH THE POLICY THROUGH YO FRAUD WARNING: AN OTHER PERSON FILES TH THE PURPOSE OF MISLEA INSURANCE ACT, WHICH is Questionnaire <u>must</u> be so rustees of the Association		al info) (>90 days r # stionnaire) (0- (>1 may require additi atives, commercial conc Annua City/State/Zip: Fax: ED THAT THIS POLICY DC DIRECTLY RESULTING FR JMSTANCES KNOWN BY ITY OF SUCH CLAIM BEIN JULY. WITH INTENT TO DEFRAI ANY MATERIALLY FALSE G ANY FACT MATERIAL TI ULT IN CIVIL OR CRIMIN/ Ince agent, broker, properti	nay require additional info of Employees:9 employees are eligible) fonal info) dominiums and times I Salary Expense: DES NOT APPLY TO AN OM OR IN CONSEQUE THE INSURED PRIOR NG MADE. PLEASE OB UD AN INSURANCE CO INFORMATION, OR CO HERETO, COMMITS A F AL FINES OR PENALTIE	hares. hares. ENCE OF, TO THE I TAIN A CO MPANY O NCEALS F FRAUDULE ES. mber of th	BASED OR IN NITIAL DPY OF R OR ENT The Board	
This of T the 'If s	(< 100% may require addition Average Unit/Lot Value (If >\$1,000,000 please completed # of Builder/Developer Completed The following i Total Assets Agent or Broker Name Street Address: Phone: KNOWN PRIOR CLAIMS UPON, ARISING OUT OF ANY WAY INVOLVING AN COVERAGE DATE WHICH THE POLICY THROUGH YOG FRAUD WARNING: AN OTHER PERSON FILES TH THE PURPOSE OF MISLEA INSURANCE ACT, WHICH Sequestionnaire must be services of the Associatio statements in this Application ending via e-mail' type	nal info) (>1000 may require additional determinants) Je:	al info) (>90 days r # stionnaire) (0- (>1 may require additi atives, commercial conc Annua City/State/Zip: Fax: ED THAT THIS POLICY DC DIRECTLY RESULTING FR JMSTANCES KNOWN BY ITY OF SUCH CLAIM BEIN JLLY. WITH INTENT TO DEFRAU ANY MATERIALLY FALSE I G ANY FACT MATERIAL TI ULT IN CIVIL OR CRIMIN/ IN CIVIL OR CRIMIN/ IN CONCERT, properting I prospective Insureds, c and accurate.	nay require additional info of Employees:9 employees are eligible) onal info) dominiums and times I Salary Expense: DES NOT APPLY TO AN OM OR IN CONSEQUE THE INSURED PRIOR NG MADE. PLEASE OBT JD AN INSURANCE CO INFORMATION, OR CO HERETO, COMMITS A F AL FINES OR PENALTIE ty manager or by a me leclares to the best of	b) hares. Y CLAIM ENCE OF, TO THE I TAIN A CO MPANY OI NCEALS F FRAUDULE S. mber of th his/her kr	BASED OR IN NITIAL DPY OF R OR ENT The Board nowledge,	
This of T the 'If s abo	(< 100% may require addition Average Unit/Lot Value (If >\$1,000,000 please completed # of Builder/Developer Completed The following i Total Assets Agent or Broker Name Street Address: Phone: KNOWN PRIOR CLAIME UPON, ARISING OUT OF ANY WAY INVOLVING AN COVERAGE DATE WHICH THE POLICY THROUGH YOF FRAUD WARNING: AN OTHER PERSON FILES THE THE PURPOSE OF MISLEA INSURANCE ACT, WHICH S Questionnaire must be solution Statements in this Application	nal info) (>1000 may require additional determinance) Je:	al info) (>90 days r # stionnaire) (0- (>1 may require additi atives, commercial conc Annua City/State/Zip: Fax: ED THAT THIS POLICY DC DIRECTLY RESULTING FR JMSTANCES KNOWN BY ITY OF SUCH CLAIM BEIN JLLY. WITH INTENT TO DEFRAU ANY MATERIALLY FALSE I G ANY FACT MATERIAL TI ULT IN CIVIL OR CRIMIN/ IN CIVIL OR CRIMIN/ IN CONCERT, properting I prospective Insureds, c and accurate.	nay require additional info of Employees are eligible) onal info) dominiums and times I Salary Expense: DES NOT APPLY TO AN OM OR IN CONSEQUE THE INSURED PRIOR NG MADE. PLEASE OBT JJD AN INSURANCE CO INFORMATION, OR CO HERETO, COMMITS A F AL FINES OR PENALTIE ty manager or by a me leclares to the best of is box the sender ag	b) hares. Y CLAIM ENCE OF, TO THE I TAIN A CO MPANY OI NCEALS F FRAUDULE S. mber of th his/her kr	BASED OR IN NITIAL DPY OF R OR ENT The Board nowledge,	

6 East 43rd Street New York, NY 10017 Ed. 10/2008 Phone: 1-888-355-4626	Distinguished Programs Group	Fax: 917-438-6610	E-mail: info@distinguished.com
	6 East 43rd Street New York, NY 10017	Ed. 10/2008	Phone: 1-888-355-4626